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Referral Letter for Patient

**[Doctor’s Name]  
[Your Title]  
[Clinic/Hospital Name]  
[Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]**

**[Date]**

**[Specialist’s Name]  
[Specialist’s Title]  
[Clinic/Hospital Name]  
[Address]  
[City, State, Zip Code]**

**Dear [Specialist’s Name],**

**I am writing to refer my patient, [Patient’s Name], to you for further evaluation and management of [specific condition or reason]. [Patient’s Name] is a [age] year old [male/female] who has been under my care for [duration] with a history of [brief medical history relevant to the referral].**

**Patient Information:**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Medical Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Relevant Medical History: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Symptoms and Findings:**

**I have conducted the following investigations and treatments:**

* **Investigations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Treatments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am referring [Patient’s Name] to you for [specific reason for referral]. I believe your expertise in [specialty] will be beneficial in managing this case. Please let me know if you need any additional information or if there are any specific preparations needed before [Patient’s Name]’s appointment.**

**Thank you for your attention to this matter.**

**Sincerely,**

**[Your Name]  
[Your Title]**